	PATENT APPLICATION FEE DETERMINATION RECO							PRD JANT 14 m				moer
-							L		[00	121	65	5 ·
			•	D - PART	l (Colum	in 2)		SMÁLL TYPE	ENTITY .	OR	OTHE	RTHAN
L	TOTAL CLAIMS			•	·] [RATE	FEE	٦	RATE	FEE
	FOR	NÚMB	NUMBER FILED		REXTRA		BÀSIC FE		OFI	BASIC FEE		
	OTAL CHARG	16	minus 20=				XS 9=		OR	XS18=		
-	OEPENDENT		2 minus 3 = 1°				X43=	1	ORI	X86=	 	
L	IULTIPLE DEPI	ENDENT CLAIM	PRESENT	· · ·	. ·			+145=	1	OR	+290=	
•	If the difference	e in column 1	is less than	zero. enter	-0" ın cölu	บท่าก 2	· L	TOTAL	+	OR	TOTAL	77/1
	(CLAIMS AS	AMENDE	ED - PART	Γ 41 .	٠				٠,٠٠٠	OTHER	THAN
_		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colum	<u>in 2) (C</u>	<u> Olumn 3)</u>		SMAĻL	ENTITY	OR	SMALL	ENTITY
AMENDMENTA	<u></u>	HEMAINING AFTER AMENDMENT		NUMB PREVIO	EŘ F USLY	RESENT CXTRA	-	RATE	1001 TIONAL FEE		RATE	ADDI TIONAL FEE
NDN	Total	- 14	Minus	- 20	1.			X\$ 9=		OR	X\$18=	
AM	Independent	FNTATION OF A	Minus	SPENDENT.	3 = CLAIM	-		X43≈		ОЯ	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
	:	·					AD	TOTAL		OR A	TOTAL DOIT: FEE	
		(Column 1)		(Colum	(S)	olumn 3)			• .			
ENTB		REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	IR P	RESENT .		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE
AMENOMENT	Total	· [P.	Minus	" 2°				XS.9°	,,,,	UR	×5.0	<u> </u>
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				7 2.102111 0	CAIKI				-	OR	X86= \	\
٠.	r Rift			LIDENT	CARA			145 TOTAL	•	OR	+290≈	<u></u>
٠,	· · · · · · · · · · · · · · · · · · ·	(Column 1)				dumn 3)		145.	•	OR	+290≂	
- 1	· · · · · · · · · · · · · · · · · · ·			(Column	12) (Co T :	ilumn 3)		145 TOTAL	AUDI	OR	+290≈	ADDI
- 1	**************************************	(Column 1)		(Column	12) (Co T R rn Sty F	esent	ADI	145: TOTAL DIT FEE	AUDI- TIONAL	OR	+290≈	ADDI- TIONAL FEE
-	Total	(Column 1) CLAIMS REMAINING AFTER	Minus	(Column HIGHES NUMBE PREVIOUS	12) (Co T R rn Sty F	ESENT	ADI	145: TOTAL DIT FEE	AUDI- TIONAL- FEE	OR OR.	1290- TOTAL DOIT FEE	
	ndependent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	(Column HIGHES NUMBE PREVIOUS PAID FO	2) (Co T R R SLY R	ESENT	ADI	145 TOTAL DIT PES RATE	AUDI- TIONAL FEE	OR OR	FOTAL DOIT FEEL RATE	TIONAL
	ndependent	(Column 1) CLAIMS REMAINING AFTER	Minus Minus	(Column HIGHES NUMBE PREVIOUS PAID FO	2) (Co T R R SLY R	ESENT	ADI	145 TOTAL DIT FES RATE (\$ 9=	AUDI- TIONAL FEE	OR OR	FOTAL DOIT FEEL RATE X\$18= X86=	TIONAL
	ndependent FIRST PRESEN	(Column 1) CLAIMS REMAINING AFTER AMENDMENT TATION OF MU	Minus Minus ILTIPLE DEF	(Column HIGHES NUMBE PREVIOUS PAID FO	2) (Co T R R SLY R = =	ESENT XTRA	ADI	145 TOTAL DIT FEE RATE (\$ 9= (\$3=	AUDI TIONAL FEE	OR OR	#290= #OTAL DDIT FEE RATE X\$18= X86= +290=	TIONAL
	ndependent FIRST PRESENT THE Entry in column The Highest Num The Highest Num	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus Minus LTIPLE DEF	(Column HIGHES NUMBE PREVIOUS PAID FO PENDENT CI TO SPACE IS ISS	P COLUMN 3 in column 3 is shan 20 is shan 20 is	ESENT XTRA	ADI	TOTAL TOTAL IT FEE	AUDI TIONAL FEE	OR OR OR OR OR	F290= TOTAL DOIT FEE RATE X\$18= X86= +290= TOTAL DOIT FEE	TIONAL